

WARNING

- ## IMPORTANT NOTES

- 1.1 If the applicant is not a holder of the Hong Kong Identity Card, please fill in the item of "Other Identity Document Type" using the following codes and provide the relevant identity document number with copy of the identity document:

Passport	0 2	Re-entry Permit	0 3	Certificate of Identity	0 4
Document of Identity	0 5	Entry Permit	0 6	Declaration of ID for Visa Purpose	0 7
One-way Permit	0 8	Mainland identity documents	0 9	Others	9 9

2. Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

- 2.1 Spouse, student-applicants and unmarried children residing with the family

A. Spouse	1. Name in Chinese	黃 小 芬	Please fill in the HKID Card No. of your spouse claimed in the Form with reference to the example as shown in the box.
	2. Name in English	W O N G S I U F A N	
	3. Year of Birth	1 9 7 2	If your spouse is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.
	4. HKID Card No.	B 1 2 3 4 5 6 (7)	
	(If HKID Card No. is not available, please provide Other Identity Document No. with copy of relevant proof.)		
	Other Identity Document Type:	(Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form")	
	Other Identity Document No.:		
5. HK Mobile Phone No. @	1 2 3 4 5 6 7 8		

Please use block letters; write the surname starting from the first box; and leave a space between each word.

Please fill in the HKID Card No. / Birth Certificate No. of the student-applicant / unmarried child residing with the family claimed in the Form with reference to the example as shown in the box and submit a copy of the relevant identity document (if applicable).

If the student-applicant / unmarried child residing with the family is not a holder of the Hong Kong Identity Card, please provide other identity document type and number according to Paragraph 1.1 of this Notes.

B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youngest child.)	
	Student-applicant 1 / Unmarried child residing with the family 1
1. Name in Chinese	陳 小 芳
2. Name in English	C H A N S I U F O N G
3. Date of Birth	D 0 1 M 0 1 Y 2 0 1 0
4. HKID Card No. / Birth Certificate No. If not available, please provide:	D 1 2 3 4 5 6 (7)
Other Identity Document Type	
Other Identity Document No.	
5. Status for 2024-25	# <input checked="" type="checkbox"/> Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other
6. Name of School / Institution in 2025/26	NUMBER ONE SECONDARY SCHOOL
7. Class level in 2025/26	S 4
8. Mode of study	# <input checked="" type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time
9. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)	# <input checked="" type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS + (2) Grant-KG [^] ([^] Grant-KG only applicable to KG students (K1-K3)) # Primary & secondary levels or equivalent: <input checked="" type="checkbox"/> (3) TA <input checked="" type="checkbox"/> (4) STS <input type="checkbox"/> (5) DAEFR / DYJFR <input type="checkbox"/> (6) FR(FAEAEC)

If applicant wishes to apply for financial assistance for the child in the 2025/26 school year (including KCFRS, Grant-KG, TA, STS, DAEFR / DYJFR and FR(FAEAEC)), please put "✓" in the appropriate box(es) under items 5, 8 and 9. If the unmarried child is studying at tertiary institution in 2025/26 school year, please choose "Do not need" under the item of "Apply for schemes".

If applicant wishes to apply for financial assistance for pre-primary students (including (1) KCFRS and (2) Grant-KG), please put "✓" in the box. Eligible KG student-applicants (K1-K3) will be provided with fee remission under KCFRS (if applicable) and Grant-KG. Eligible children receiving whole-day child care services (N1 & N2) will be provided with fee remission under KCFRS only.

- 2.1.1 If applicant has more than 4 unmarried children residing with him / her, please supplement their information in the format as at Section B under Part II of the application form by appending a separate sheet with the applicant's signature. Copies of the identity documents of all unmarried children included in the Form should be provided (please refer to Paragraph 9.2(i) and (ii) of this Notes).

2.1.3 Student-applicants who have been approved to receive financial support in respect of textbook expenses, Internet access charges at home and student travel expenses including free transportation service to and from school by any public or private organizations or schools should not apply for the same type of assistance through the SFO. These organizations include, but are not limited to schools, the SWD, EDB, the Hong Kong Jockey Club, public transport companies, etc. If it is subsequently discovered that the student-applicant is benefiting from double subsidies, the applicant is liable to refund the overpaid amount forthwith upon the request of the SFO. If the student who has successfully applied for STS later changes to be a boarder or live in a hostel provided by the school during term-time, the applicant should inform SFO as soon as possible for re-calculation of the amount of travel subsidy for the student concerned.

(i)	Whole-day Child Care Centre (group aged 0-2)	N	1
(ii)	Whole-day Child Care Centre (group aged 2-3)	N	2
(iii)	Nursery class in kindergarten	K	1
(iv)	Lower class in kindergarten	K	2
(v)	Upper class in kindergarten	K	3
(vi)	Primary 1 to 6	P	1 / P 2 / P 3 / P 4 / P 5 / P 6
(vii)	Secondary 1 to 3	S	1 / S 2 / S 3
(viii)	Secondary 4 to 6	S	4 / S 5 / S 6
(ix)	Diploma of Applied Education/Diploma Yi Jin	Y	J
(x)	Others (e.g. Tertiary Level)	O	L

2.1.5 If applicant wishes to amend the application details after submission of the Household Application Form (including applying for additional scheme(s) / amending scheme(s) that have been applied for), please submit the request in writing, together with justification, and post it to the SFO within 30 days from the submission date of the application form. Application for additional scheme(s) / amending the scheme(s) to apply for must be duly signed by the applicant with the application number / the HKID card number of the applicant specified. It will take longer time for processing these applications. Please note that late application for financial assistance will not be considered. In this regard, applicant should check carefully if he / she has chosen all the scheme(s) that he / she wishes to apply for before submission of the application form.

The applicant does not need to apply for SIA, which is on a household basis and only applicable to families with students of primary and secondary levels. Families will be disbursed the subsidy provided that they can pass the means test and the student-applicant(s) can meet the eligibility criteria for SIA. This subsidy is not applicable to families with pre-primary students only.

(On household basis and only applicable to families with students of primary and secondary levels. Not applicable to families with pre-primary students only.)

For families which ***do not need*** SIA, please put "✓" in the box on right-hand side.

☒ Do not need

2.3.1 Dependent parent refers to the applicant's parents, including in-laws, who is not a recipient of the CSSA at the time of submission of application. They must, throughout the normal assessment year (1 April 2024 to 31 March 2025), not in employment and meet any one of the following conditions for at least 6 months -

- (A) resided with the applicant's family; or
- (B) resided in premises owned or rented by the applicant or his / her spouse; or
- (C) resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse.

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2.3.2 If applicant or his / her spouse has dependent parent(s) if they are not holders of the Hong Kong Identity Card, please submit copies of the identity documents of the dependent parents provided in the form. If applicant or his / her spouse has no dependent parent(s), please do not fill out this part.

Please fill in the personal particulars of dependent parent(s) and provide a copy of their identity documents and documentary proof for supporting the parents (if applicable).

Please put "✓" in the appropriate box. If yes, please skip Part "D". If no, please continue to complete Part "D" and refer to Paragraph 2.3.1 of this Notes.

D. Dependent Parent (If you / your spouse have dependent parent(s), please fill out this section, otherwise do not fill out the spaces below.)

(i) Is/Are the dependent parent(s) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?

☐ Yes (Need not complete Part "D") ☒ No (Continue to complete Part "D" and refer to Paragraph 2.3 of "Notes on How to Complete and Return Household Application Form" on the definition of "Dependency")

Name of Dependent Parent	HKID Card No. and Year of Birth (Please refer to paragraph 2.3.2 of "Notes on How to Complete and Return Household Application Form" and provide copy (if applicable))	Dependency Status (Please put "✓" in the appropriate box) at least 6 months during 1.4.2024 to 31.3.2025		
		Resided with the applicant's family	Resided in premises owned or rented by the applicant or his / her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse OR totally supported by the applicant or his / her spouse
(1) Name in Chinese 陳大福	HKID Card No. E 1 2 3 4 5 6 (7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Name in English C H A N T A I F U K	Other Identity Document Type: (Please refer to paragraph 1.1 of "Notes on How to Complete and Return Household Application Form") Other Identity Document No.: Year of Birth 1 9 4 6	Applicant should read Paragraph 2.3.1 (A), (B) and (C) of this Notes carefully and put "✓" in the appropriate box(es).		

3. Part III Residential Address

3.1 Applicant should provide the residential address in this part so that the SFO can arrange to conduct home visits for the selected applicants. If the applicant's residential address is the same as the correspondence address provided in Part I of the application form, the applicant is not required to complete this part.

4. Part IV Family Income

Please complete the fields with position, unemployment, housewife or retirement during the assessment period. If it is not a whole year, please specify the period with reference to the examples.

Please provide the total income (integer without decimal places), for the period from 1 April 2024 to 31 March 2025. The SFO will not accept estimated amount, and so please provide the actual figure. For other income source, e.g. rental income (see item 11 under "Items need to be reported" in Paragraph 4.1 of this Notes), contribution from children not residing with the family / relatives / friends, alimony or interests from investments, please state the amount according to the following example.

Applicant and Family Member	Mode of employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify period if it is not a whole year)	Total Annual Income (\$) (including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))		For Office Use
① Applicant	# <input checked="" type="checkbox"/> Full-time # <input type="checkbox"/> Part-time	Unemployed (1.4.2024 – 30.4.2024) Clerk (1.5.2024 – 31.12.2024) Self-employed Driver (1.1.2025 – 28.2.2025) Retired (1.3.2025 – 31.3.2025)	Salary (\$) Business profit (\$)	8 0 0 0 0 4 5 0 0 0	
② Spouse	# <input type="checkbox"/> Full-time # <input checked="" type="checkbox"/> Part-time	Housewife (1.4.2024 – 30.9.2024) Part-time Cashier (1.10.2024 – 31.3.2025)	Salary (\$) Business profit (\$)	3 0 0 0 0 	
③ Unmarried child residing with the family (if applicable) Name: CHAN Tai-ming	# <input checked="" type="checkbox"/> Full-time # <input type="checkbox"/> Part-time	Waiter (1.4.2024 – 10.6.2024) Unemployed (11.6.2024 – 31.3.2025)	Salary (\$) Business profit (\$)	3 6 0 0 0 	
④ Unmarried child residing with the family (if applicable) Name:	# <input type="checkbox"/> Full-time # <input type="checkbox"/> Part-time		Salary (\$) Business profit (\$)	 	
⑤ Other income (if applicable)		Contribution from children not residing together, relatives or friends (\$) Pension (excluding lump sum retirement gratuity) (\$)	Rental income of property, land, carpark, vehicle or vessel (\$) Widow's & Children's Compensation (\$)	Interests from investments, fixed deposit (\$) Others (\$)	Alimony (\$)
		1 2 0 0 0	9 6 0 0 0	5 0 0 0	
Total =			304000		

The total amount is for reference only. The SFO will assess the eligibility of a family for student financial assistance and its assistance level according to the AFI mechanism stated in Paragraph 3 of the Guidance Notes.

- 4.1 Types of incomes earned by the family both within and outside Hong Kong that should be reported are listed below for reference. For provision of documentary proofs, please refer to Paragraph 9.2 (vi) of this Notes.

Items need to be reported		Items need not to be reported	
1	Salary (including the salary of applicant, applicant's spouse and student-applicant's unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, <u>excluding</u> Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)	1	Financial assistance from the Government, or payment from the assistance programme under the Community Care Fund (such as CSSA / Old age allowance / Old age living allowance / Disability allowance / Retraining allowance / Work Incentive Transport Subsidy / Working Family Allowance etc.)
2	Double pay / Leave pay	2	Long service pay / Contract gratuity
3	Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)	3	Severance pay
4	Bonus / Commission / Tips	4	Loans
5	Studentship	5	Lump sum retirement gratuity / Provident fund
6	Wages in lieu of notice of dismissal	6	Inheritance
7	Business profits and other income earned by means of self-employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.	7	Charity donations
8	Alimony	8	Insurance / accident / injury indemnity
9	Contribution from any person(s) not residing with applicant's family to any of the applicant's family member(s) (including money or contribution of housing / remittance(s) / contribution for mortgage repayment / rent / water / electricity / gas or other living expenses)	9	MPF / Provident Fund contribution by employee (the <u>ceiling</u> of contribution needs not to be reported is <u>\$18,000 per year</u>)
10	Interests from fixed deposits, stocks, shares and bonds, etc.		
11	Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the Mainland and overseas)		
12	Monthly pension / Widow's & Children's Compensation		

- 4.2 Applicant should provide the income proof and those of the family member(s) under employment. If the applicant, the applicant's spouse or any family member under employment has / have provided the Income Certificate (i.e. Sample I) or the Self-prepared Income Breakdown (i.e. Sample IV) as the income proof, the SFO may still require the applicant to concurrently provide the bank passbook, salary statement or other income proof for reference. If applicant cannot provide any income proof for special reasons, please notify the SFO in writing, providing justifiable reasons and the detailed calculation of income. Applicant should also sign on the explanatory letter personally. If the explanation or documents provided cannot substantiate the reported income information of the family member(s) concerned (e.g. self-written statement of income), the SFO may need to make adjustment and apply benchmark figures (based on statistical information provided by relevant government departments e.g. Census and Statistics Department) to assess the income of applicants and their family members. In assessing the family income, if necessary, the SFO may require the applicants to provide documentary proof of items which is not listed above or seek further clarification for amounts that were used for maintaining the living of the family but have not been accounted for in the application such as savings, loans. The SFO may also request the applicant to produce documentary proof including bank savings records, duly signed declaration from the debtor, etc. In case no valid proof is provided, the amounts for maintaining the living of the family may be taken as part of the family income.

5. Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

(Please provide a copy of supporting document)

Name	Nature of incapacity or chronic illness	Medical expenses incurred within the assessment period (\$)
CHAN Tai-fuk	Suffering from diabetes and requiring regular medical treatment.	1 0 4 0 0

- 5.1 If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during the period from 1 April 2024 to 31 March 2025, he / she may state details of the situation in Part V of the application form. Applicant must provide relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners to the SFO for consideration of deducting such expenses. (The ceiling of deductible amount for each family member is \$23,800 per year in 2025/26 school year).

6. Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book.)

- 6.1 As the SFO will release the Grant for School-related Expenses for Kindergarten Students, School Textbook Assistance, Student Travel Subsidy, Subsidy for Internet Access Charges, Diploma of Applied Education / Diploma Yi Jin Fee Reimbursement and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) by auto-pay, the applicant should provide the correct bank account holder's name, bank name and bank account number together with a copy of the relevant supporting document. Please note that the SFO bears no responsibility for any delay in receipt of payment / loss in subsidy amount / any additional bank charges arising from any errors the applicant committed in providing the bank account holder's name and / or the bank code and / or account number.
- 6.2 The bank account must be valid local saving account solely under the name of the applicant. (It must be recently in use.) Joint account, credit card account, loan account, fixed-deposit account and foreign currency account are not accepted.
- 6.3 Please fill in the correct bank account information with reference to the following example:

[illegible]

- 6.4 For enquiries of “Bank Code”, applicant may approach the bank concerned for assistance.
- 6.5 If applicant needs to change the bank account holder’s name and / or the bank account number after submission of the application form, please advise the SFO of the change in writing with supporting document showing the name of the bank account holder and account number as soon as possible so as to avoid any delay in the disbursement of financial assistance.

(# Applicant must write correctly and clearly the information of the bank account number on the Application Form. Applicant is not required to provide the relevant supporting document if the requirements mentioned in Paragraph 9.2 (vi) are met.)

7. Part VII Applicant's Supplementary Information

Please provide details regarding family members in receipt of CSSA or there are substantial changes in the applicant's family particulars after the assessment period (e.g. unemployment or substantial drop in income of a family member etc.) in this part. Otherwise, please leave this part blank.

1. If you have filled in Part II particulars of any student-applicant who is not a self-bearing child of yours, please specify his / her name and explain in detail with proof why the application is not submitted by the parent of the student.
-
2. If your family is receiving / has received CSSA any time during the period from 1 April 2024 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
- WONG Siu-fan and CHAN Tai-ming received CSSA during 1.4.2024 – 30.9.2024. The case file number was ABC-C-123456.**
-
3. If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.
- The applicant, CHAN Tai-man has been unemployed since 1.5.2025. The family income is substantially reduced after the assessment period which results in financial hardship (see the attached supporting documents).**

8. Part VIII Declaration

- 8.1 The applicant and his / her spouse (if applicable) should read through the paragraphs and sign in the space provided in the application form.

Submission of Application and Supporting Documents

- 9.1 The SFO encourages applicants to submit application and copy of the supporting documents online, which is convenient and saves time and money.

- (i) Applicable to Applicants of Financial Assistance for Primary and Secondary Students

If using the paper-based “Household Application Form for Student Financial Assistance Schemes”, please submit the filled form with copy of the relevant supporting documents to the SFO (Tsimshatsui PO Box 96824) by post **on or before 31 May 2025**, using the addressed envelope provided. Please affix sufficient postage. Insufficient postage will lead to non-delivery of the application forms, in which case the SFO will not be able to process the application. Applicants should write their correspondence address at the back of the addressed envelope to avoid wrong / unsuccessful delivery.

- (ii) Applicable to Applicants of Financial Assistance for Pre-primary Students

Applicants should forward the “Household Application Form for Student Financial Assistance Schemes” to the SFO **before the completion of attending classes in the 2025/26 school year or not later than 15 August 2026, whichever is the earlier.** The effective month of fee remission will be the month in which

the application forms are submitted by the applicants, or the month in which the student-applicants are admitted to the kindergartens / child care centres, whichever is the later.

9.2 **Required** supporting documents include:

- (i) Copy of one-way permit / visa / permit to remain in Hong Kong / Hong Kong Birth Certificate of the **student-applicant** if he / she is not a holder of the Hong Kong Permanent Identity Card such as holding one-way permit / dependent visa / other entry visa or is under 11 years old;
- (ii) Copy of identity documents of the **applicant** and his / her **family members** as listed in Part II (excluding student-applicant but including the **dependent parent(s)** (if applicable)) if they are not holders of the Hong Kong Identity Card;
- (iii) (For **single-parent families**) Copy of supporting documents for separation / divorce or spouse's Death Certificate. If applicants are unable to provide the supporting documents, please explain in writing the reasons and sign on an explanatory note; if applicant is unable to provide the required supporting documents, the SFO reserves the right to process the application on the basis that the applicant is not treated as a single parent;
- (iv) (If applicable) Copy of **documentary proof on supporting the dependent parents**;
- (v) (If applicable) Copy of documentary proof on unavoidable **medical expenses** (for family members who are chronically ill or permanently incapacitated) for the period from 1 April 2024 to 31 March 2025;
- (vi) Please provide copy of the **bank statement / first page of bank book**. If the requirements are met, it is not required to submit relevant supporting document of bank account. If applicant has a successful application under the financial assistance scheme of the Working Family and Student Financial Assistance Agency and was disbursed with payment of grant and / or loan to his / her bank account while the applicant has submitted a copy of bank account proof in the above successful application and uses the same bank account in the application for the 2025/26 school year (i.e. the above bank account which has been disbursed with grant and / or loan), it is not required to submit the supporting document of bank account; and
- (vii) **Documentary proof on total income** for the period from 1 April 2024 to 31 March 2025. Please submit

the document in accordance with the requirements listed below.

Salaried employed person	<ul style="list-style-type: none"> (1) Tax Demand Note issued by the Inland Revenue Department; if not available (2) Employer's Return of Remuneration and Pensions Form; if not available (3) Salary Statement; if not available (4) Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income); if not available (5) Income Certificate certified by the employer (See Sample I), etc.
Self-employed driver or person running business (including sole proprietorship business / partnership business / limited company)	<ul style="list-style-type: none"> (1) Profit and Loss Account verified by a Certified Public Accountant; if not available (2) Profit and Loss Account prepared on your own (See Sample II or III) <u>and</u> (3) Personal Assessment Notice (if applicable).
Salaried employed or self-employed person who cannot produce any income proofs	Please follow Sample IV to provide Self-prepared Income Breakdown detailing your monthly income throughout the year and explaining why income proof cannot be produced. (The SFO reserves the right to decide whether applications from those applicants who cannot provide justification for not producing income proof would be accepted.)
Person with rental income	<ul style="list-style-type: none"> (1) Tenancy Agreement ; if not available (2) Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income).

Applicant may be required by the SFO to submit other supporting document(s) for assessment during processing / vetting of application. In case of any disputes, the decision of the SFO will be final.

Enquiries

10.1 For enquiries relating to the completion and submission of household application form, please call our 24-hour enquiry hotline at 2802 2345.

Sample I: Income Certificate

(For salaried employed person who cannot provide items 1-4 of income proof as listed in Paragraph 9.2 (vii) of the "Notes on How to Complete the Form")
(Can be filled in directly)

WARNING : The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

INCOME CERTIFICATE

This is to certify that _____ (HKID Card No. _____) is employed by this company as _____. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2024 to 31 March 2025 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: _____ to _____) is *HK\$ _____.

The above employee works _____ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : _____ Name of Employer : _____

Company Chop : _____ Telephone No. : _____

Company Address : _____

Date: _____

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

* Please specify the currency if salary paid is not in Hong Kong dollars.

Please delete the inappropriate sentence.

INCOME CERTIFICATE

This is to certify that _____ (HKID Card No. _____) is employed by this company as _____. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), **but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure**) during the period from 1 April 2024 to 31 March 2025 (please specify the exact employment period within the above-mentioned period if it was less than 12 months: _____ to _____) is *HK\$ _____.

The above employee works _____ hours per month / full-time in this company (120 working hours or above per month) (only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3).

Signature of Employer : _____ Name of Employer : _____

Company Chop : _____ Telephone No. : _____

Company Address : _____

Date: _____

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any deletion / amendment.)

* Please specify the currency if salary paid is not in Hong Kong dollars.

Please delete the inappropriate sentence.

WARNING : The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Sample II: Profit & Loss Account

(For self-employed taxi driver / lorry driver / minibus driver etc.)

(Can be filled in directly)

Name of family member engaged in the following business : _____	
Taxi driver / Lorry driver / Minibus driver (please circle)	
Vehicle owner / Vehicle lessee (please circle)	
License number (for vehicle owner only) : _____	
(I) Profit and Loss Account (From 1 April 2024 to 31 March 2025)	
Income (HK\$)	
1. Rent (for vehicle owner only)	\$ _____
2. Profit from operating business	\$ _____
3. Others (please specify all items & breakdown of amounts)	\$ _____
(A) Total Income	\$ _____
Expenditure (excluding vehicle mortgages) (HK\$) (1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)	
1. Vehicle rental fee	\$ _____
2. Fuel charges	\$ _____
3. Insurance premium	\$ _____
4. Maintenance fee	\$ _____
5. License fees	\$ _____
6. Others (please specify all items & breakdown of amounts)	\$ _____
(B) Total Expenditure	\$ _____
Net profit [(A) Total Income – (B) Total Expenditure*]	
\$ _____	
(This amount should be filled in Part IV of the Household Application Form.)	
* If Total Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.	
Remark (reason for not being able to provide income proof) : _____	
(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)	
Working _____ hours per month.	
Signature of family member engaged in the above business (if not the applicant) : _____	
Applicant's Name : _____	
Applicant's HKID No : _____	
Applicant's Signature : _____	
Date : _____	

Sample III: Profit & Loss Account

(For person running business (including sole proprietorship / partnership business))

(Can be filled in directly)

Name of family member running the following company (Owner) : _____	
Company name : _____	
Nature of business : _____	
Company address : _____	
Sole proprietorship or partnership : _____ (%)	
(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))	
(I) Profit and Loss Account (From 1 April 2024 to 31 March 2025)	
(A) Gross Income (HK\$)	\$ _____
Expenditure (HK\$) (The following is the running cost of the company and should not cover any household expenses.)	
Cost on purchasing merchandise	\$ _____
Water charges	\$ _____
Electricity charges	\$ _____
Gas charges	\$ _____
Telephone charges	\$ _____
Rent and rates	\$ _____
Salary of employees other than those marked '#' below	\$ _____
Transportation costs	\$ _____
Traveling expenses	\$ _____
Insurance premium	\$ _____
Fees for repair and maintenance of machinery	\$ _____
Others (please specify all items & breakdown of amounts)	\$ _____
Other Expenditure (HK\$)	
# Salary of owner paid by this company	\$ _____
# Salary of other family member paid by this company (Name : _____)	\$ _____
(B) Total Expenditure (HK\$)	\$ _____
Household Income = (A) Gross Income – (B) Total Expenditure* + Salary of owner / other family member paid by this company#	
= HK\$ _____	
(This amount should be filled in Part IV of the Household Application Form.)	
* If Gross Income is less than Total Expenditure (i.e. (A) – (B) < 0), deficit will not be counted i.e. business loss cannot be deducted from the gross household income.	
Remark (reason for not being able to provide income proof) : _____	
(II) Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)	
Working _____ hours per month.	
Owner's Signature (if not the applicant) : _____	
Applicant's Name : _____	
Applicant's HKID No : _____	
Applicant's Signature : _____	
Date : _____	

Sample IV: Self-prepared Income Breakdown
(For hawker / general worker / casual worker
who cannot provide income proof)
(Please fill in all of the following items)
(Can be filled in directly)

WARNING : The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Name of the family member engaged in the :
following business _____

(Each self-prepared income breakdown **should contain the income information of ONE family member only.**)

The relationship between this family member and the applicant : * Applicant / Spouse / Child
(* please delete the inappropriate items)

Nature of Industry (e.g. Construction) :

Position (e.g. General Worker) :

Actual Income

(**Please fill in actual figure.** If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.)

2024

April :HK \$ _____
May :HK \$ _____
June :HK \$ _____
July :HK \$ _____
August :HK \$ _____

September :HK \$ _____
October :HK \$ _____
November :HK \$ _____
December :HK \$ _____

2025

January :HK \$ _____
February :HK \$ _____
March :HK \$ _____

Total Annual Income HK \$:

Payment method (Please put "✓" in the appropriate box. More than one item may be selected)

☐ A. By Cash / Cash cheque

☐ B. By Cheque / direct credit (Please provide a copy of the transaction record together with the page showing the name of the bank account holder, **circle the entries and highlight the total amount with color** for verification. For any entries other than income, please also **make necessary remarks next to them, or else the SFO may include the amount in calculating your family income.**)

Please specify the reason for not being able to provide income proof (For example, no employer as a hawker; the company I / my family member worked for has wound up, etc.) (If applicant is not able to provide a reasonable explanation, his / her application will not be further processed by the SFO.)

Monthly Working Hours (Only applicable to application of whole-day kindergarten / child care centre fee remission for the group aged 0-3)
Working _____ hours per month.

Declaration : I declare that the above information is true and complete.

Signature of family member engaged in the above business (if not the applicant) : _____

Applicant's Name : _____ Applicant's HKID No : _____
Applicant's Signature : _____ Date : _____